

HEALTH INFORMATION TECHNOLOGY COMMISSION

Minutes for September 2014 Meeting

Date: Thursday, September 18, 2014
1:00 pm – 4:00 pm

Location: MDCH
1st Floor Capitol View Building
Conference Room B & C
201 Townsend Street
Lansing, Michigan 48913

Commissioners Present:

Gregory Forzley, M.D., Co-chair
Nick Lyon
Jill Castiglione
Irita Matthews
Michael Chrissos, M.D. (Phone)
Mark Notman, Ph.D.
Robert Milewski
Orest Sowirka, D.O. (Phone)
Nick Smith
Jim Lee
Patricia Rinvelt
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Commissioners Absent:

Rodney Davenport, CTO

Staff:

Meghan Vanderstelt
Phillip Kurdunowicz
Kimberly Bachelder

Guests:

William Corser
Holly Standhardt
Angela Vanker
May Al-Khafaji
Swathi Varahabhatla
Amy Grasso
Rachel Brown
Shelley Mannino

Philip Vigas
Sue Kish
Umbrin Ateequi
Dr. Tim Pletcher
Brendan O'Brien
A. Dennis Olmstead
Clare Tanner
Debra M. Miros

Cynthia Green Edwards
Cindy Schnetzler
Jeff Livesay
George Bosnjak
Sylvia Roemer
Jeff Shaw
Stacey Hettiger

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, September 18, 2014 at the Michigan Department of Community Health with 11 Commissioners present.

A. Welcome and Introductions

1. Chair Dr. Gregory Forzley called the meeting to order at 1:03 p.m.
2. Chair Dr. Forzley introduced Commissioner Jill Castiglione, who was recently appointed to the Commission as the representative for pharmacists.
3. Chair Dr. Forzley opened up the discussion for Commissioner updates.
 - a. Chair Dr. Forzley noted that Commissioner Nick Lyon was recently promoted to Director of the Department of Community Health.
 - b. Commissioner Lyon confirmed this appointment and commended outgoing Director Jim Haveman on his efforts to improve the Michigan health care system. Commissioner Lyon also thanked his staff for their support during the transition and ongoing work of the Department.

B. Review and Approval of the 8/21/2014 Meeting Minutes

1. Chair Dr. Forzley presented the draft minutes from the last meeting to the Commissioners and asked for their review and approval of the document.
2. Commissioner Milewski made a motion to approve the minutes, and Commissioner Lyon supported this motion.
3. Chair Dr. Forzley asked if there were any objections to the minutes being approved as written. Seeing none, Chair Dr. Forzley noted that the minutes were approved at 1:08 p.m.

C. Health Information Technology/Health Information Exchange Update

1. Chair Dr. Forzley stated that the update section of Commission meetings would now be open to public comment.
2. Chair Dr. Forzley asked Ms. Vanderstelt to provide an update on notable Health Information Technology (HIT) events since the last meeting. The PowerPoint slides for this presentation will be made available on the HIT Commission website after the meeting.
 - a. Michigan Health Information Network (MiHIN) Update
 - i. Ms. Vanderstelt noted that the MiHIN board had recently approved Molina to become a new Qualified Organization (QO) within the MiHIN network. She also mentioned that the Northern Physicians Organization had submitted a QO application as well.
 - ii. Ms. Vanderstelt also highlighted the progress that has been made on implementing the Admit, Discharge, and Transfer notification use case with 77% of admissions activity statewide being captured through this use case.
 - iii. Ms. Vanderstelt also noted that MiHIN is reviewing the application of Walmart to become a state sponsored organization (SSO) for submitting immunizations electronically to MCIR. Ms. Vanderstelt noted that CVS, Walgreens, Costco, and Meijer are approved SSOs in the MiHIN network.
 - b. MDCH Data Hub Update
 - i. Ms. Vanderstelt emphasized the effort the Data Hub staff to develop and implement the Master Person Index (MPI).
 - a. Ms. Vanderstelt noted that the team is on schedule to integrate the MPI into the Michigan Care Improvement Registry (MCIR) by October and that other systems would be integrated later.
 - b. Chair Dr. Forzley asked whether integration efforts would extend beyond health care. Ms. Vanderstelt noted that this was possible.
 - ii. Ms. Vanderstelt also highlighted MDCH's work on developing the Michigan Identity, Credential, and Access Management (MICAM) system and noted its importance to supporting the MI Health Button, MDCH's first consumer-facing tool for health data.

- c. Election Health Record Incentive Program
 - i. Ms. Vanderstelt noted that MDCH is still waiting for the first provider or hospital to attest under Stage 2. She also emphasized that some of the delay in attestations for Stage 2 might be due to hospitals needing a full year of cost report data to attest.
 - ii. Commissioner Jim Lee noted that Michigan's experience with Stage 2 for hospitals was shared by other states and that hospitals are struggling with the next stage of the Meaningful Use program.
 - iii. Chair Dr. Forzley mentioned the abundant testimony that the Office of the National Coordinator for Health Information Technology (ONC) received against requiring 365 days of reporting for Stage 2.
 - iv. Commissioner Lyon asked if providers are making progress on attesting under Stage 2.
 - v. Commissioner Lee emphasized that providers are making progress and will eventually reach Stage 2. He also noted that the challenges for hospitals are not only in terms securing resources but also encouraging vendors to adapt their products to Stage 2 requirements.
 - vi. Chair Dr. Forzley noted the need to hold vendors accountable for their designing their products to meet regulatory requirements. Ms. Vanderstelt noted that this issue had been raised at the ONC meeting.
 - d. Michigan Center for Effective Information Technology Adoption (MCEITA)
 - i. Ms. Vanderstelt noted the MCEITA's ongoing work with helping eligible providers attest for meaningful use.
 - a. She also noted that the majority of MCEITA's clients are participants in the Medicare program versus the Medicaid program.
 - b. She also noted that MCEITA works with providers and not hospitals.
 - ii. Ms. Vanderstelt also highlighted MCEITA's continued work on the Million Hearts initiative which included efforts on aligning meaningful use reporting and electronic Clinical Quality Measures.
3. MiHIN Update from Dr. Tim Pletcher
- a. Ms. Vanderstelt asked Dr. Pletcher to provide an update on MiHIN's projects.
 - b. Dr. Pletcher offered additional details on the Level of Assurance 3 pilot with the U.S. Post Office.
 - i. Dr. Pletcher noted how this pilot leverages the federated identity framework being built by the State of Michigan through MICAM.
 - ii. Dr. Pletcher explained that this pilot focuses on linking biometrically scanned images with electronic credentials in order to allow someone to uniquely identify themselves across different systems.
 - c. Dr. Pletcher also highlighted the link between MDCH's MPI and the Common Key service being developed by MiHIN.
 - i. Dr. Pletcher explained that the mechanism allows entities to link records on patients across different data sets.
 - ii. Dr. Pletcher explained further that the link between MDCH and MiHIN will allow for entities to conduct patient matching across private and public data systems.
4. ONC Meeting with State Health Information Exchange (HIE) Coordinators
- a. Ms. Vanderstelt explained that ONC invited the state coordinators to a meeting in DC to discuss the development of a 10 year vision for enhancing interoperability

between electronic health record (EHR) systems. About two dozen representatives from different states attended the meeting and provided insight into progress and ongoing challenges for the HIE environment for each state.

- b. Ms. Vanderstelt noted that a number of state representatives highlighted significant obstacles with EHR vendors. She also shared that ONC is actively asking for states to report issues with EHR vendors.
 - c. Ms. Vanderstelt also provided details on ONC's new role after the expiration of the Health Information Technology for Economic and Clinical Health grant period. She explained that ONC is looking to partner with state governments on supporting the adoption of HIT and HIE and is exploring opportunities to provide technical assistance with this endeavor.
5. Healthcare Information and Management Systems Society (HIMSS)
- a. Ms. Vanderstelt noted that Ms. Helen Hill of the Michigan HIMSS is in Washington, D.C. testifying to members of Congress on issues related to HIT and HIE in Michigan.
 - b. She also noted that the Michigan HIMSS conference was occurring this week.
 - c. Chair Dr. Forzley asked about when the annual conference for HIMSS would occur. Commissioner Lee noted that the conference is scheduled for April.
6. Other Commission Business
- a. Chair Dr. Forzley inquired if Ms. Vanderstelt could share a copy of the 2014 HIT Commission Themes with the commissioners.
 - i. Ms. Vanderstelt noted that she currently did not have copies to share with the commission but could provide it after the meeting.
 - ii. Chair Dr. Forzley asked her to provide the document and noted the relevance of the document today in terms of addressing the issue of consumer engagement.
 - iii. Ms. Vanderstelt noted the need to revise the themes and goals for 2015 and explained that this discussion could occur during the October meeting.
 - b. Commissioner Irita Matthews asked if Ms. Vanderstelt could bring information on best practices from future ONC meetings back to the commission.
 - i. Ms. Vanderstelt confirmed that she could share this information.
 - ii. Ms. Vanderstelt also noted that Michigan is very advanced in terms of its technical HIE infrastructure when compared to other states and that other states are struggling with the basic components of HIE.

D. myHealthButton Presentation

- 1. Chair Dr. Forzley introduced Ms. Keelie Honsowitz and invited her to give her presentation on MDCH's myHealthButton application. The PowerPoint slides for this presentation will be made available on the HIT Commission website after the meeting.
 - a. Ms. Honsowitz explained that the myHealthButton (mobile application) and myHealthPortal (web-based portal) are two applications that Michigan Medicaid enrollees can use to access information regarding benefits and coverage.
 - b. Ms. Honsowitz noted that the myHealthButton application started as pilot within a few Michigan counties and is moving towards full production and statewide deployment in October.
 - c. Ms. Honsowitz also noted that the application is currently designed for the Medicaid, Children's Special Health Care Services, and MI Child programs.
 - d. Ms. Honsowitz explained that the myHealthButton application interacts in real-time with other state IT systems and is linked to the statewide MI Page application.

- e. Ms. Honsowitz also identified the importance of MICAM for providing identity management and proofing for the myHealthButton and myHealthPortal applications.
- f. Ms. Honsowitz provided a demonstration on some of the functionalities of the myHealthButton application such as accessing dashboards and saving contact information for favorite providers.
- g. Chair Dr. Forzley asked about whether the process for selecting physicians is manual. Ms. Honsowitz clarified that the process will initially be manual but will eventually involve analyzing claims to determine relationships between enrollees and providers.
- h. Ms. Honsowitz noted that parents will also have the ability to electronically connect to their children's information through these applications.
- i. Commissioner Patricia Rinevelt inquired about how individuals are assigned IDs for the system, and Ms. Honsowitz clarified that the applications leverage the Medicaid ID that individuals receive when they enroll in the Medicaid program.
- j. Commissioner Lee asked whether access to these applications is currently limited to those individuals who are receiving state benefits. Ms. Honsowitz explained that access is currently limited to Medicaid enrollees but could potentially be expanded to individuals who have records with the Michigan Care Improvement Registry or aging programs.
- k. Ms. Honsowitz also noted that enrollees have the ability to search for providers using these applications.
 - i. Commissioner Rinevelt asked about whether these searches are limited to in-state doctors.
 - ii. Ms. Honsowitz explained that the searches are based on information in the Community Health Automated Medicaid Processing System (CHAMPS), which may contain some records on out-of-state providers.
- l. Ms. Honsowitz also explained how individuals can access information on co-payments or the 4x4 plan, a wellness and healthy living initiative through MDCH.
 - i. Commissioner Lyon asked about whether myHealthButton will incorporate health risk assessments in the future, and Ms. Honsowitz noted that this functionality would be added in stage 2.
 - ii. Commissioner Lyon asked whether providers could fill-in information within this application. Ms. Honsowitz noted that enrollees are responsible for adding this information.
- m. Chair Dr. Forzley asked about whether a patient can share this information with their provider.
 - i. Ms. Honsowitz noted that patients can print, email, or show this information to their providers.
 - ii. Chair Dr. Forzley asked about whether this application is compliant with the Health Insurance Portability and Accountability Act (HIPAA).
 - iii. Ms. Cynthia Green-Edwards noted that enrollees are given a PIN number to ensure that only validated users can access sensitive information.
- n. Commissioner Mark Notman asked about how Medicaid enrollees can be educated on how to use these applications.
 - i. Ms. Honsowitz noted that the Eligibility Section within MDCH is working on promotional materials as well as leveraging the member hotline and enrollment process.

- ii. Chair Dr. Forzley noted the potential for integrating schools into this education effort. Ms. Honsowitz noted that partnerships with schools and Local Health Departments were leveraged during the pilot.
 - iii. Ms. Green-Edwards noted that MDCH is publicizing the application through its Consumer Engagement initiatives.
- o. Commissioner Lee asked about whether the application would include claims information, and Ms. Honsowitz explained that the application would include information on claims, benefits, health risk assessments, 4x4 plans, and potentially prior authorization.
- p. Commissioner Notman asked about whether the application stores data. Ms. Honsowitz noted that information is not stored in the application and is accessed through real-time queries.
- q. Ms. Honsowitz noted that MDCH is exploring opportunities and challenges with integrating the application with Medicaid Health Plan portals.
- r. Ms. Honsowitz highlighted some of the difficulties with the pilot including marketing and outreach, security and privacy, and user registration controls.
- s. Commissioner Lee asked about the potential for integrating provider portals with the myHealthPortal application to sync claims information and clinical records.
 - i. Commissioner Matthews noted that consumers might be expecting that data is cross-referenced and validated across systems.
 - ii. Dr. Pletcher noted that MDCH needs to initially get the portal into full production and then functionality can be added through use cases.
 - iii. Ms. Green-Edwards noted that information is not stored in either of these applications and that the applications use queries to access information.
- t. Commissioner Matthews asked whether enrollees can provide feedback on these applications, and Ms. Honsowitz noted that individuals can provide feedback through the email address listed in the application.
- u. Commissioner Robert Milewski complemented Ms. Honsowitz on the great work being done and noted the particular value of enrollees being able to display their member cards through this application.
 - i. Commissioner Milewski asked about whether members have to hand enter other insurance information into these portals, and Ms. Honsowitz noted that members must enter this information but it is verified by MDCH.
 - ii. Commissioner Milewski also noted the work being done by CAQH on coordination of benefits and recommended that Ms. Honsowitz connect with them on this issue.

E. Examination of Office Visit Patient Preferences for the After-Visit Summary (AVS)

1. Chair Dr. Forzley invited Dr. William Corser to present the findings of his research studies on consumer engagement and health information technology. The PowerPoint slides for this presentation will be made available on the HIT Commission website after the meeting.
 - a. Dr. Corser explained that his research team works with MDCH on studies related to the administration of Medicaid health information technology programs.
 - b. Dr. Corser noted that his first study focused on how consumers plan to use the AVS that they receive from their primary care provider.
 - c. Dr. Corser explained that the Centers for Medicare and Medicaid Services place a strong emphasis on all patients receiving an AVS and that this requirement is integrated into Stage One and Two of the Meaningful Use Program.

- d. Dr. Corser noted that 56% of patients in the study reported receiving an AVS after their office visit.
- e. Dr. Corser provided details on the population in the study and study methodology.
- f. Commissioner Notman inquired about whether the questionnaire used open-ended responses, and Dr. Corser confirmed that open-ended questions were used.
- g. Dr. Corser noted that the next steps for AVS research include reviewing AVS design, exploring perceived barriers for providers in terms of using AVS, and examining ways for providers to most effectively engage patients through the use of AVS.
- h. Commissioner Rinvelt inquired about what information is contained within an AVS. Dr. Corser explained that an AVS typically contains a problem list, medication list, reason for office visit, and instructions for health care activities before the next office visit.
- i. Commissioner Lee expressed surprise about the low percentage of patients who identified specific uses for the AVS and asked whether Dr. Corser planned to conduct any follow-up with participants.
 - i. Dr. Corser noted that 15 to 20 patients agreed to participate in a follow-up session.
 - ii. Commissioner Lee asked about whether Dr. Corser was able to identify any trends in individuals who identified specific uses for the AVS, and Dr. Corser noted the research team was not able to find any justification for the differences in planned use.
- j. Commissioner Notman asked about whether the specific clinics used in the study might have impacted the outcome.
 - i. Dr. Corser noted that the differences in AVS between providers are frustrating for patients and that vendors have not developed a standardized AVS format.
 - ii. Chair Dr. Forzley noted that the meaningful use programs has an AVS requirement but that vendors have not been held to a consistent standard.
 - iii. Dr. Corser noted the current format of AVS creates issues for individuals who have a low level of health literacy, and Chair Dr. Forzley concurred with this assessment and noted the impact of language barriers on use of the AVS.
 - iv. Commissioner Matthews inquired about whether site selection impacted the demographics of the patients involved in the study.
 - a. Dr. Corser noted that some patients from the clinics chose not to participate in the study, which might have affected the results.
 - b. Commissioner Matthews noted that it was difficult to achieve interaction with patients on these types of research studies.
 - c. Commissioner Lee noted that research studies should avoid self-selection of patients when possible.
 - d. Chair Dr. Forzley noted the important of providers encouraging their patients to participate in research studies, and Dr. Corser supported this point.

F. Personal Health Record Impact on Primary Care Decision Making: What do Patients Think?

- 1. Dr. Corser presented on the results of his other research study regarding patient expectation for the use of their personal health records. The PowerPoint slides for this presentation will be made available on the HIT Commission website after the meeting.

- a. Dr. Corser noted that the meaningful use program has a requirement related to individuals accessing their personal health records as part of the attestation process.
- b. Dr. Corser went over the study methodology and noted ongoing sample issues with self-selection of participants.
- c. Dr. Corser identified a number of issues that patients expressed with using their personal health records, including awareness that a portal exists, difficulty with logging onto the system, formatting issues, time requirements, security concerns, and desire to correct user information.
- d. Commissioner Rinvelt asked about the amount of participant interest in being able to challenge the personal health record, and Dr. Corser noted that there was strong interest on the part of patients in this capability.
- e. Chair Dr. Forzley opened the discussion to public comment.
 - i. Mr. Jeff Livesay of MiHIN inquired about what kind of personal health records did Dr. Corser research when conducting the study.
 - a. Dr. Corser noted that he reviewed the personal health records that the clinics had available.
 - b. Dr. Corser also noted the challenge with integrating personal health records into the meaningful use regulations.
 - ii. Commissioner Notman noted that this issue is very complicated and that the United States may be able to learn from other countries on this topic. Dr. Corser agreed and noted how health care providers in other countries are confused about why stakeholders in the United States have not agreed on a common system or format.
 - iii. Commissioner Milewski noted how difficult it is for consumers to get a handle on using applications.
 - iv. Chair Dr. Forzley noted some of the challenges for integrating information in personal health records and electronic health records.
 - v. Dr. Pletcher emphasized the opportunity to create a new case known as “Share with Patient” to move data between portals.

G. Next Steps

- 1. Chair Dr. Forzley mentioned that the HIT Commission needs to elect a new representative for the MiHIN board and co-chair for the commission. Commissioner Lyon confirmed that he would continue to act as the interim representative.
- 2. Chair Dr. Forzley asked the commissioners to send their schedules to Ms. Vanderstelt so that the Office of Health Information Technology can identify potential conflicts for meetings through the rest of the year.
- 3. Commissioner Dr. Sowirka voiced approval of this meeting’s presentations and noted ongoing issues with AVS and the meaningful use requirement. Chair Dr. Forzley concurred with this assessment and emphasized the issue of the regulatory requirement not being clear about what information has to be in the discharge summary.
- 4. Ms. Vanderstelt noted that the Office of Health Information Technology would be working on developing the draft annual report for the Legislature.

H. Public Comment

- 1. Chair Dr. Forzley opened the discussion to public comment.
- 2. Ms. Stacey Hettiger of the Michigan State Medical Society noted that the American Medical Association was working on recommendations for addressing vendor issues and physician dissatisfaction with EHRs.

- a. Ms. Hettiger also suggested that the HIT Commission could convene a provider-vendor panel in the future to discuss this issue further.
 - b. Chair Dr. Forzley noted that this was an option.
 - 3. Mr. Philip Vigas noted that MDCH just received approval from CMS for its FY14-15 Advanced Planning Document (APD), which will help financially support MDCH efforts to build critical components of the HIE infrastructure over the next year. He also noted that the state is now working on the FY15-16 APD.
- I. **Adjourn** – Chair Dr. Forzley adjourned the meeting at 2:46 p.m.